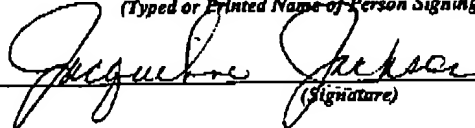


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			<b>Docket No.</b> 10247
Applicant(s): JoAnn H. Squier, et al.			
<b>Application No.</b> 09/770,960	<b>Filing Date</b> January 26, 2001	<b>Examiner</b> Catherine A. Simone	<b>Group Art Unit</b> 1772
Invention:  Cavitated Labels For Use With Cold Glue			
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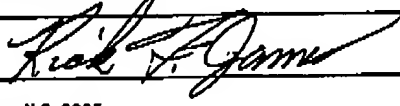
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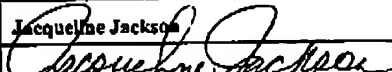
<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/770,960	
	Filing Date	January 26, 2001	
	First Named Inventor	JoAnn H. Squier	
	Art Unit	1772	
	Examiner Name	Catherine A. Simont	
Total Number of Pages In This Submission	10	Attorney Docket Number	10247

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Certificate of Facsimile Transmission</div>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Date	April 8, 2005

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APR 08 2005

**"PATENT"****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No. : 09/770,960 Confirmation No.: 7021  
Applicant : JoAnn H. SQUIER, *et al.*  
Filed : January 26, 2001  
TC/A.U. : 1772  
Title: : "CAVITATED LABELS FOR USE WITH COLD GLUE"  
Examiner : Catherine A. SIMONE  
Docket No. : 10247  
Customer No. : 23455 Date: April 8, 2005

**MAIL STOP AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. § 1.116**

Dear Sir:

In response to the final Office Action mailed February 8, 2005, Applicants respectfully request that the Examiner consider the Remarks/Arguments on the following pages.

**Amendments to the Specification: None.****Amendments to the Claims: None.****Amendment to the Drawings: None.****Remarks/Arguments begin on page 6 of this paper.**